

**State of North Dakota  
Department of Human Services  
Medical Services Division  
600 E Blvd Ave, Dept 325  
Bismarck, ND 58505-0250**

**SOLICITATION AMENDMENT 1  
MAY 28, 2014  
RESPONSES TO QUESTIONS AND REQUESTS FOR CLARIFICATIONS**

You are invited to participate in the following State Procurement Opportunity.

Solicitation Number: 325-14-415-011

Type: Request For Proposal

Title: Production of North Dakota Medicaid Identification Cards

Issuing Agency: Human Services, Department of - Medical Services Division

Issued: 04/29/2014

Deadline for Questions: 05/23/2014 03:00 PM CT

Closes: 06/13/2014 03:00 PM CT

Procurement Officer: Cindy Sheldon

Telephone: 701-328-4626

TTY: 711

Fax: 701-328-1544

Email: [cmsheldon@nd.gov](mailto:cmsheldon@nd.gov)

Short Description: Soliciting proposals to secure a vendor to generate, print, encode, and mail Medicaid Identification cards.

Instructions: Click the link below to view this solicitation. Contact the Procurement Officer if you have any questions or are unable to obtain the documents from the website.

<https://apps.nd.gov/csd/spo/services/bidder/displaySolicitation.htm?solNo=325-14-415-011>

If the above link does not work:

- Go to [www.nd.gov/spo](http://www.nd.gov/spo)
- From the left menu, click Bids and Contracts - click Current Solicitations
- Recent Solicitations are listed by close date.

Question and Answer:

1: Do I need to include the cost of the card cover in my companies bid?

A: Yes.

## SOLICITATION AMENDMENT

### ACKNOWLEDGEMENT

**SOLICITATION NUMBER AND TITLE:** 325-14-415-011 Production of North Dakota Medicaid Identification Cards

**AMENDMENT NUMBER:** 1

By my signature below, I hereby acknowledge receipt of and compliance with this amendment to the above referenced solicitation.

***NAME OF BIDDER OR OFFEROR***

***MAILING ADDRESS***

***PRINTED NAME***

***SIGNATURE***

***TITLE***

***DATE***